

Name
in
Full

Bertha Evelyn Horney Beaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
	near Stake	Queen Anne		
Date of death	Month	Day	Age	Years
1909	5	29	26	
Sex	Color or Race	Birthplace	Months	Days
Female	White American	Carmichael Md	3	3
Occupation	Where Residing if not at place of death			
Housewife	near Stake			
Married, Single or Widowed	Name of Wife or Husband			
Married	Mrs. J. Beaver			
Father's Name	Father's Birthplace			
Sam'l. Kemp Horney	Talb. Co. Md			
Mother's Maiden Name	Mother's Birthplace			
Vicky R. Jewell	Michigetta 2d Co.			
Name of person giving Information	How related to deceased			
Sam'l. K. Horney	Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Subcutaneous	How long	7 or 6 yrs
Immediate	Pulmonary Hemorrhage	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. A. R. R. M. S.
		Address	Chickensville
			Queen Anne Co. Md
Accident or Suicide	no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sophie Carney

Town *Barclay* County *Dorset* *Dorset* **MARYLAND**

Died at *Barclay*

Date of death *1909* Month *May* Day *29* Age *40* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Dorset Dorset Co*

Occupation *Cook* Where Residing if not at place of death *Barclay Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Howell Carney*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Jane Harrison* Mother's Birthplace *Md*

Name of person giving Information *Howell Carney* How related to deceased *Husband*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

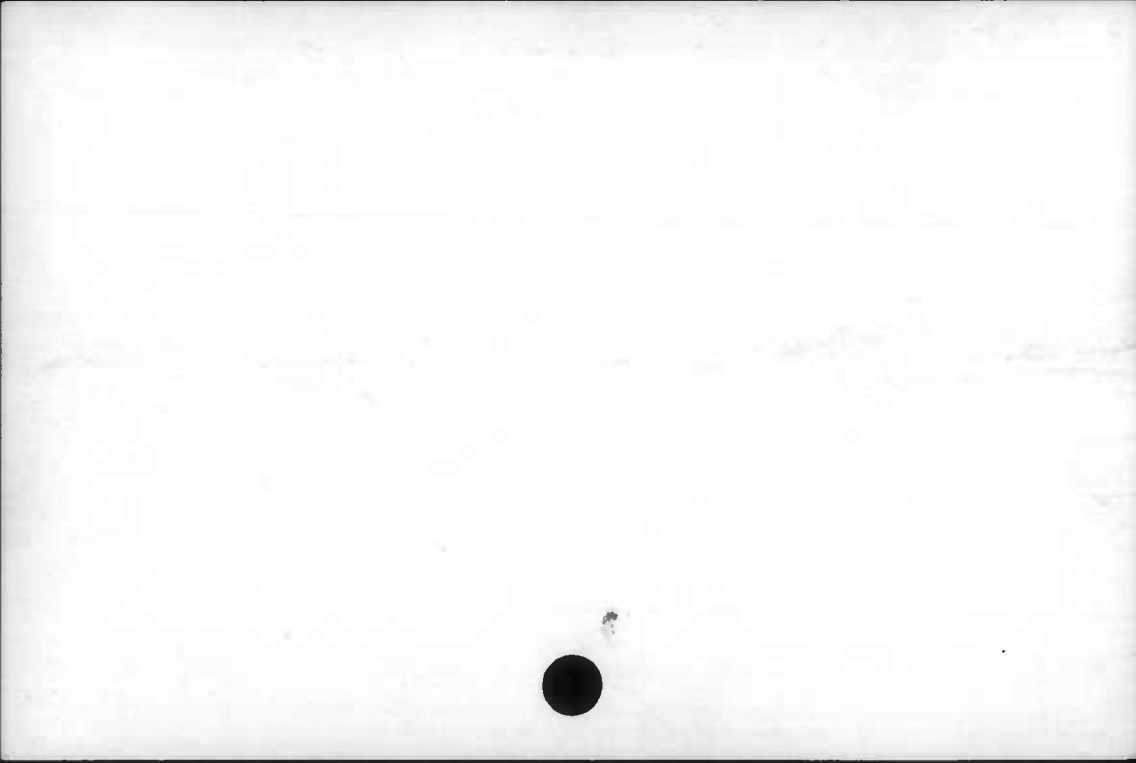
Primary *Chronic Bronchitis* How long *One Year*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. Bowen M.D.* Address *English Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Carr
 Died at *Stevensville* Town *Q. A.* County

MARYLAND

Date of death 1909 *May* Month *17* Day *49* Age *49* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Kent Bld., Md.*

Occupation *Laborer* Where Residing if not at place of death *u u*

Marrled, ~~Single~~ *or Widowed* Name of Wife or *Annie Carr* Husband

Father's Name *James Carr* Father's Birthplace *#2 Ford Co*

Mother's Maiden Name *Lucy Montcalm* Mother's Birthplace *11*

Name of person giving Information *Brother* How related to deceased *Brother*

CAUSES OF DEATH

113

Primary *Gall Stones* How long *Don't Know*

Immediate *Rupture of Gall Bladder* How long *Few hours*

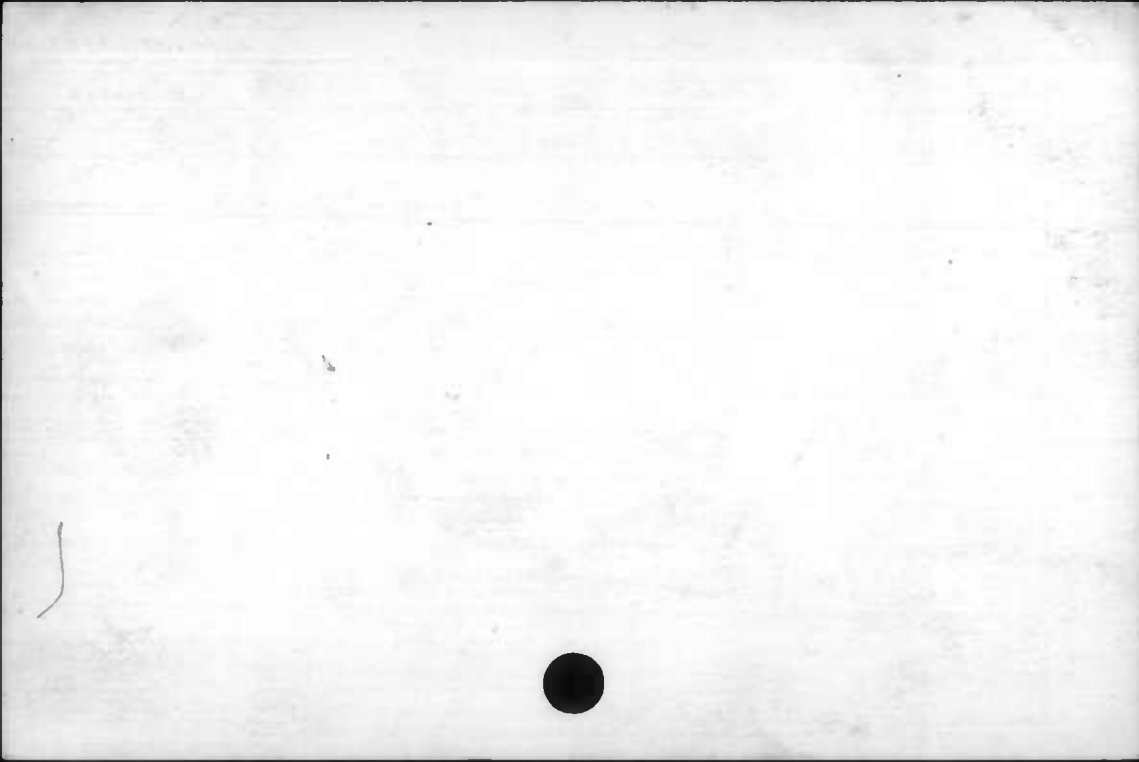
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

Percy Kemp
Stevensville, Md.

Accident or Suicide ~~_____~~PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

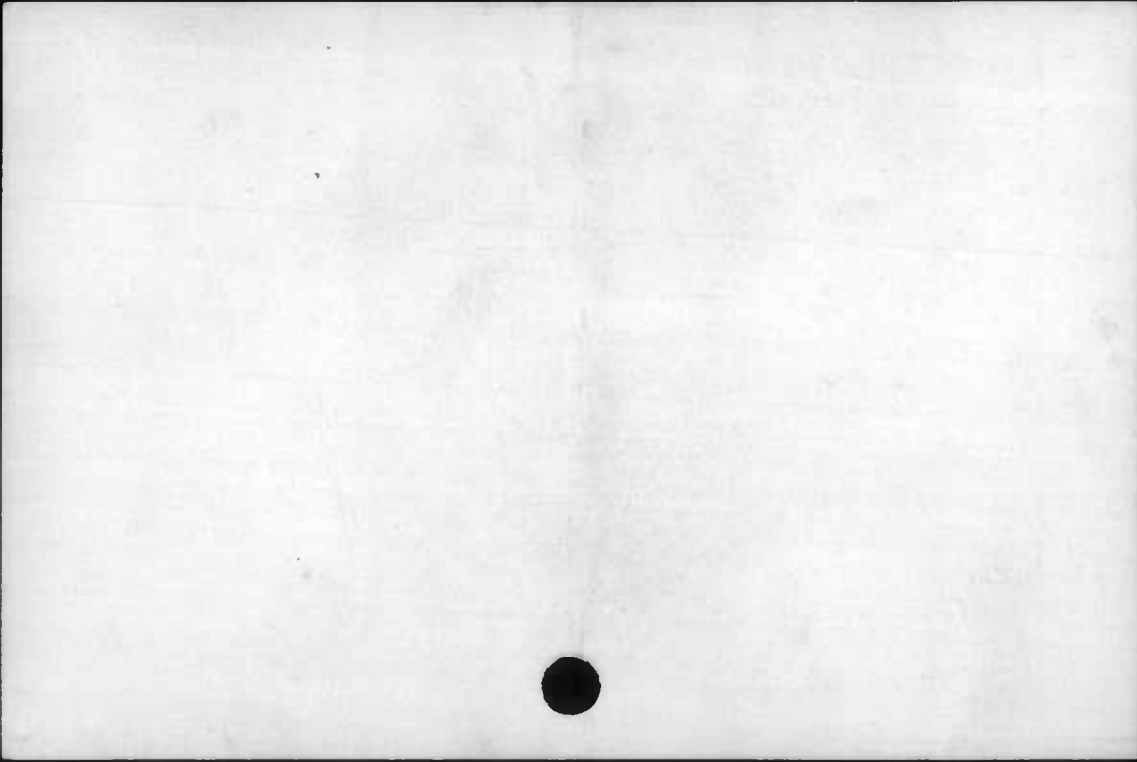
Name in Full <i>John Spencer Cheers</i>		Town <i>Near Stokely's Corner</i>		County <i>Queen Anne's</i>		MARYLAND	
Died <i>1909</i>		Month <i>May</i>		Day <i>26</i>		Age <i>8</i>	
Date of death		Months <i>—</i>		Years <i>7</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Queen Anne's Co. Md.</i>			
Occupation <i>School boy</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Edward Cheers</i>		Father's Birthplace <i>L.A.C. Ind.</i>					
Mother's Maiden Name <i>Clara Martin</i>		Mother's Birthplace <i>L.A.C. Ind.</i>					
Name of person giving information <i>Clara Martin, Cheers</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis - Following Pneumonia 8 months</i>	How long <i>8 months</i>
Immediate <i>Asthenia Ed Dropsy</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Coppage</i>
	Address <i>Church Hill</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

Dead born

Blough

CERTIFICATE OF DEATH

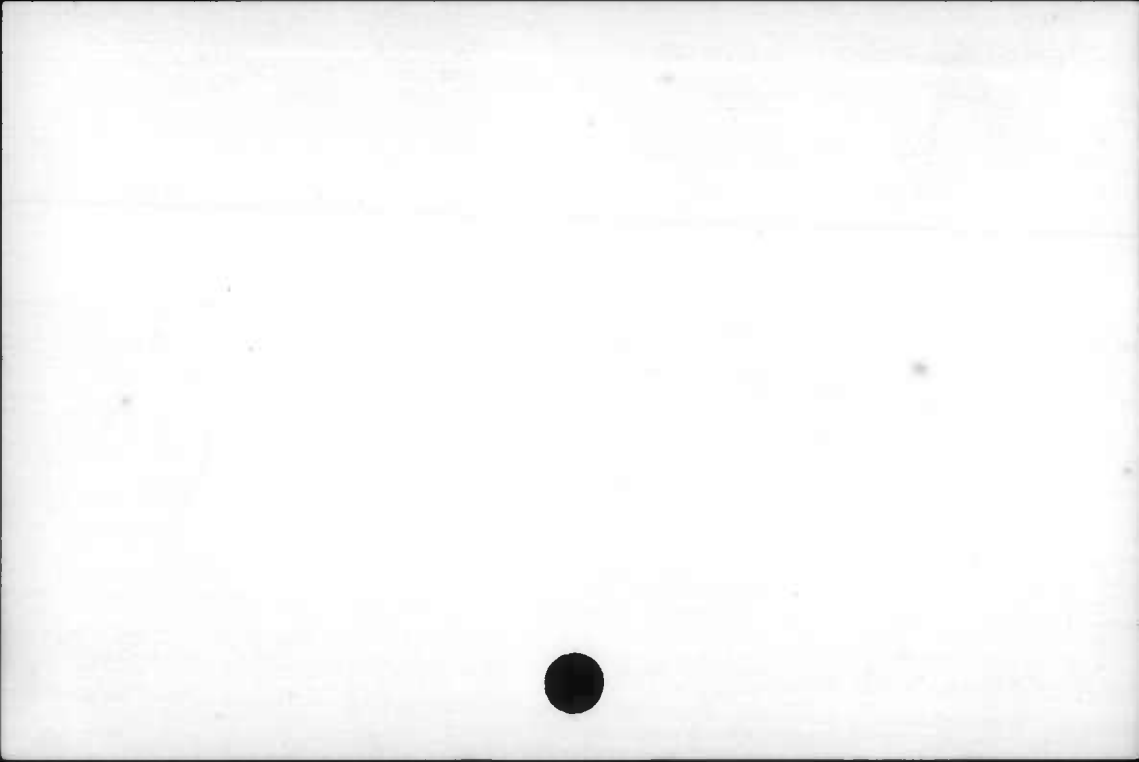
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>5</u>	Day <u>1</u>	Age <u>Dead born</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>		Days	
Occupation <u>—</u>			Where Reading if not at place of death <u>Place of death</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Jm Lewis Blough</u>			Father's Birthplace <u>2.0. Co. Md</u>		
Mother's Maiden Name <u>Olevia S Harris</u>			Mother's Birthplace <u>2.0. Co. Md</u>		
Name of person giving Information <u>Olevia S Harris Blough</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dead born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Baltimore</u>
Accident or Suicide <u>no</u>	<u>no</u>



Name
in
Full

CERTIFICATE OF DEATH

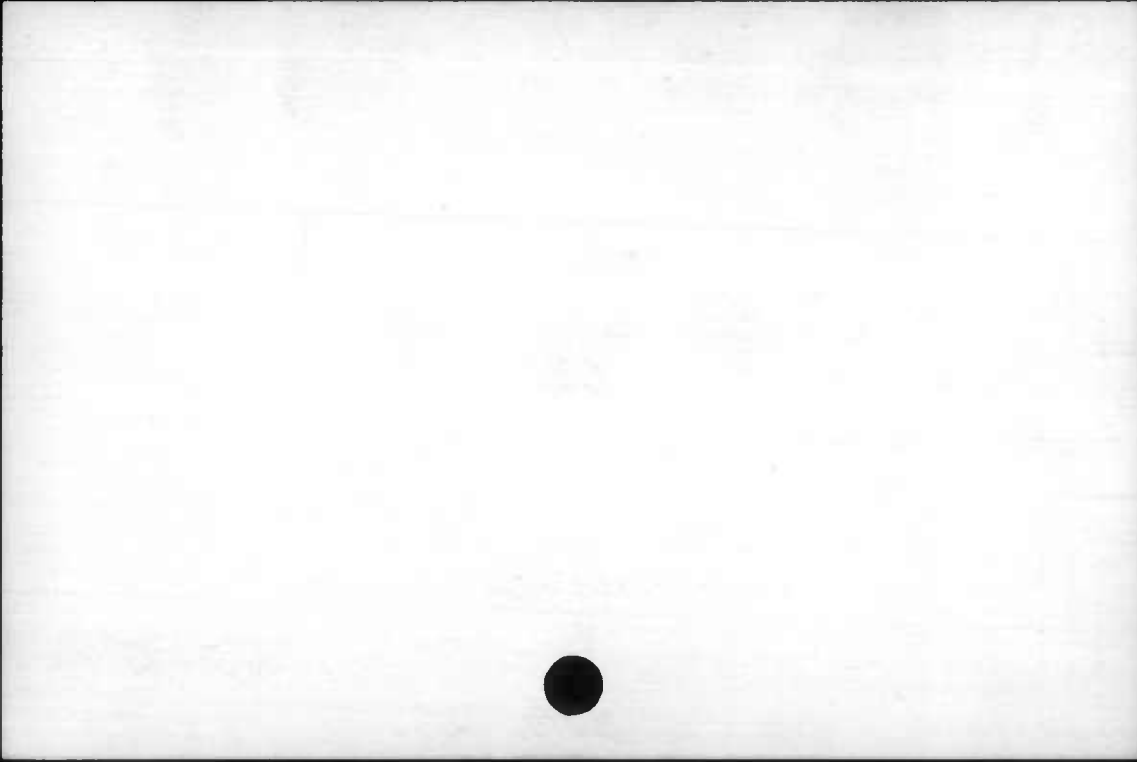
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pandemon</i>		County <i>D D County</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>28</i>	Age <i>69</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Barclay D Co</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lizzie Spencer</i>				
Father's Name <i>Jefferson Cooper</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Charlotte Coarch</i>	Mother's Birthplace <i>D D Co</i>				
Name of person giving Information <i>Jack Cooper</i>			How related to deceased <i>Brother</i>		

PHYSICIAN
OR CORONER

Snuck abdomen, knifed place handle while grubbing up roots

CAUSES OF DEATH		116
Primary <i>in who groined</i> <i>Traumatic Peritonitis</i>	How long <i>4 days</i>	
Immediate <i>Exhaustion</i>	How long <i>1/2 day</i>	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E Sanders M D</i>	
	Address <i>Crumpton Md</i>	
Accident or Suicide <i>Accident</i>		



Name
in
Full

Samuel Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

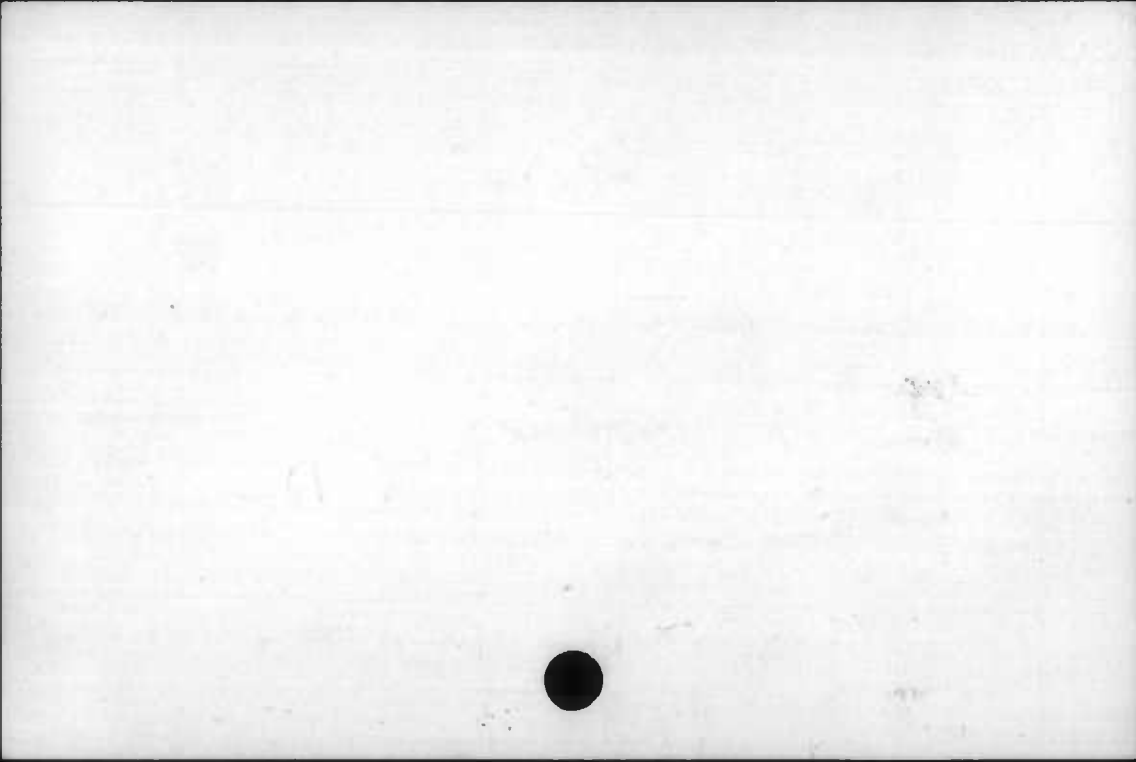
Died at <u>County Home</u>		Town <u>Queen Anne</u>		County <u>Queen Anne</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>6</u>	Age <u>70</u>	Months <u>7</u>	Years <u>70</u>	Days <u></u>	
Sex <u>Male</u>	Color or Race <u>negro</u>		Birth-place <u>Tennessee</u>				
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Tramp</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Chas. Dawson</u>					
Father's Name <u>Don't know</u>		Father's Birthplace <u>Virginia</u>		<u>Don't know</u>			
Mother's Maiden Name <u>Lucy Carter</u>		Mother's Birthplace <u>Virginia</u>		<u>Don't know</u>			
Name of person giving information <u>Am. Jester Lucy Wilson</u>		How related to deceased <u>was</u>		<u>sister</u>			

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary	<u>Paresyis</u>	<u>insane</u>	How long <u>2 years</u>
Immediate	<u>no</u>	<u>Second Stroke</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>L. J. Jester</u>
		Address <u>Centerville 2 1 100 Mc</u>	
Accident or Suicide?		<u>no</u>	



Name
in Full

Margaret Frisbie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Sudlersville ^{Town} Queen Anne ^{County} MARYLAND
 Date of death 1909 ^{Month} May ^{Day} 16 ^{Years} 16 ^{Months} — ^{Days} —
 Sex Female Color or Race Colored Birth-place G. A. Co.
 Occupation Housework Where Reiding if not at place of dasth at home
 Married, Single or Widawad Single Name of Wife or Husband —
 Father's Name Wm Frisbie Father's Birthplace G. A. Co.
 Mother's Maiden Nama Mary Gibson Mother's Birthplace Talbot Co.
 Nama of person giving Information Wm Frisbie How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Peritonitis ^{Cause} unknown How long 5 Days
 Immediate — How long —
 Are the name, age, sex, color, data and place correctly givan above? Yes
 Signature of Physician B. P. Gorman M.D.
 Address Willington Md.
 Accident or Suicide —

Mission

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

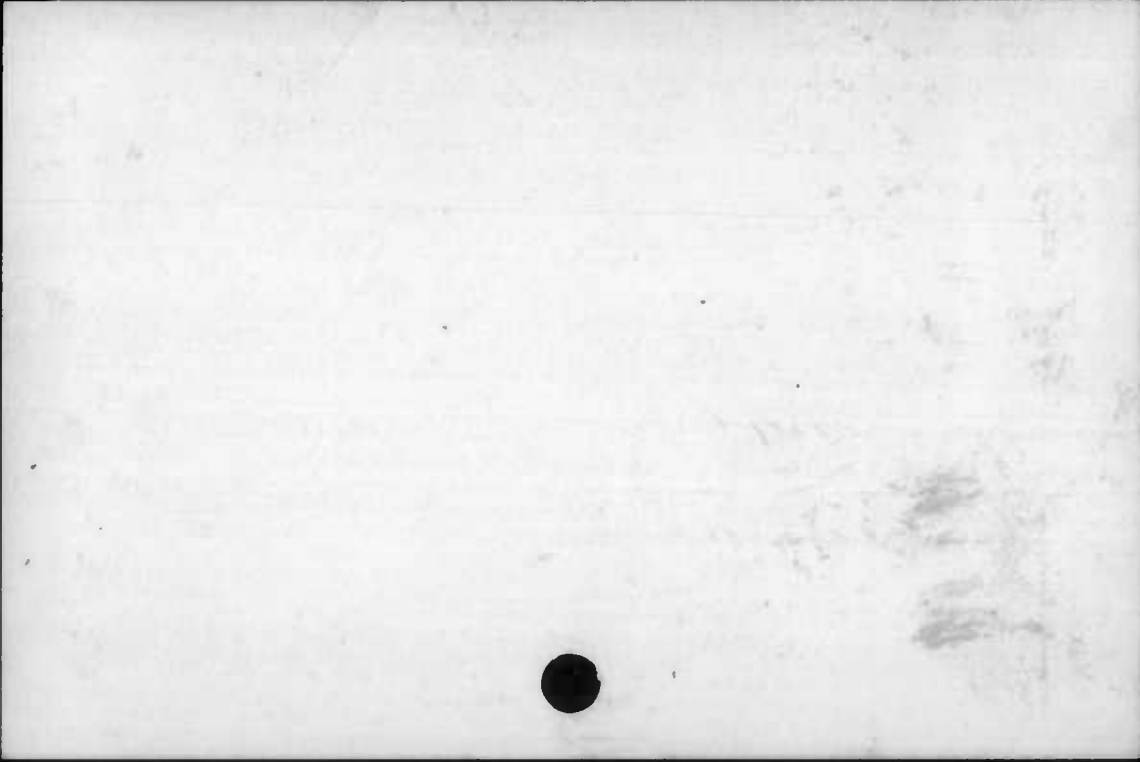
Name *Louis H. Gilbert* -
 Died at *near Barclay Inn Anne* ^{Town} ^{County}
 Date of death *1909* ^{Month} *5* ^{Day} *3* ^{Age} *83* ^{Years} *-* ^{Months} *-* ^{Days} *-*
 Sex *Male* Color or Race *Black* Birth-place *Ind.*
 Occupation *Laborer* Where Residing if not at place of death *-*
 Married, Single or Widowed *Single* Name of Wife or Husband *Mary E. Gilbert*
 Father's Name *Don't know* Father's Birthplace *Don't know*
 Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*
 Name of person giving information *Mary E. Gilbert* How related to deceased *Wife*

CAUSES OF DEATH

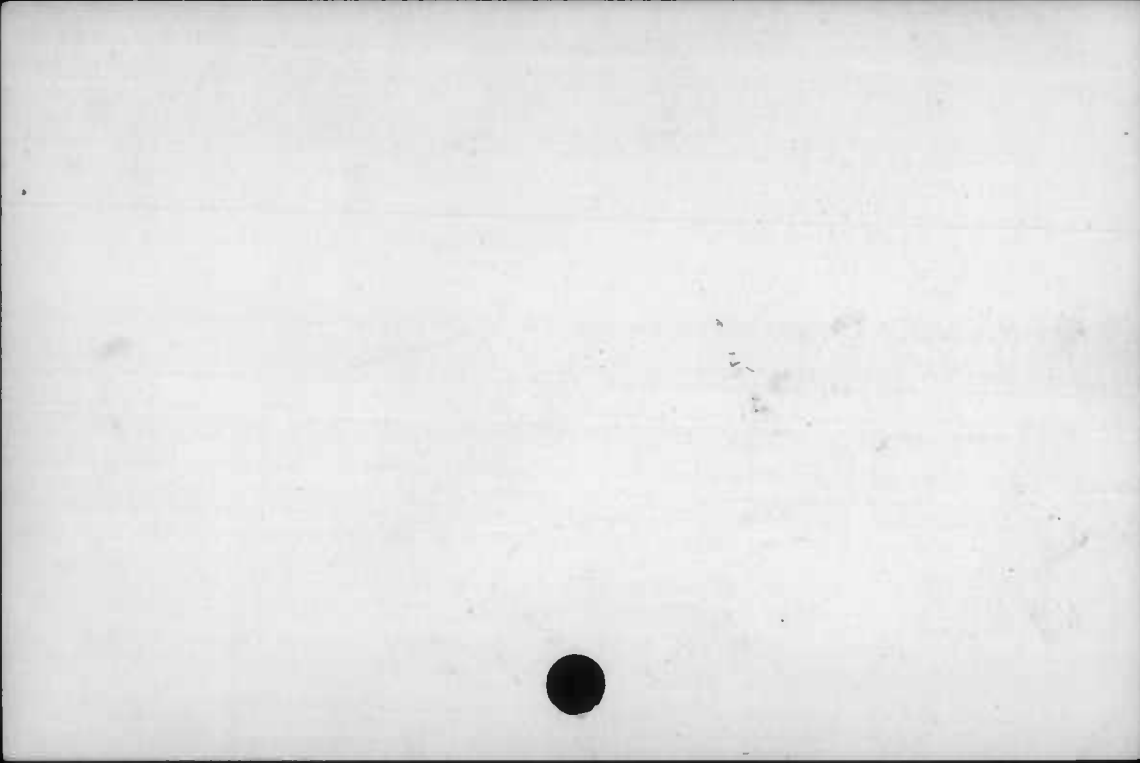
142

PHYSICIAN
OR CORONER

Primary *Gangrene of Foot* How long *4 months*
 Immediate *-* How long *-*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. P. Smith, M.D.*
 Address *Templeville Ind.*
 Accident or Suicide? *-*



Name in Full		Mrs Mary E. Godwin				CERTIFICATE OF DEATH	
Died at		Chapel Hill		Queen Anne's County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	18	59		11	121
Sex		Female		Color or Race		White	
Occupation		House work & Nurse		Where Residing if not at place of death		Ch. place of death	
Married, Single or Widow		Widow		Name of Wife or Husband		James Godwin	
Father's Name		William G. Godwin		Father's Birthplace		D. C. Ind.	
Mother's Maiden Name		Sarah Jones		Mother's Birthplace		D. C. Ind.	
Name of person giving information		Mrs Lillie C. Bowers		How related to deceased		Daughter	
CAUSES OF DEATH							
Primary		Chronic Nephritis				How long	
Immediate		Dropsy and Asthenia				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. Coppage	
				Address		Chapel Hill	
Accident or Suicide		Ind					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

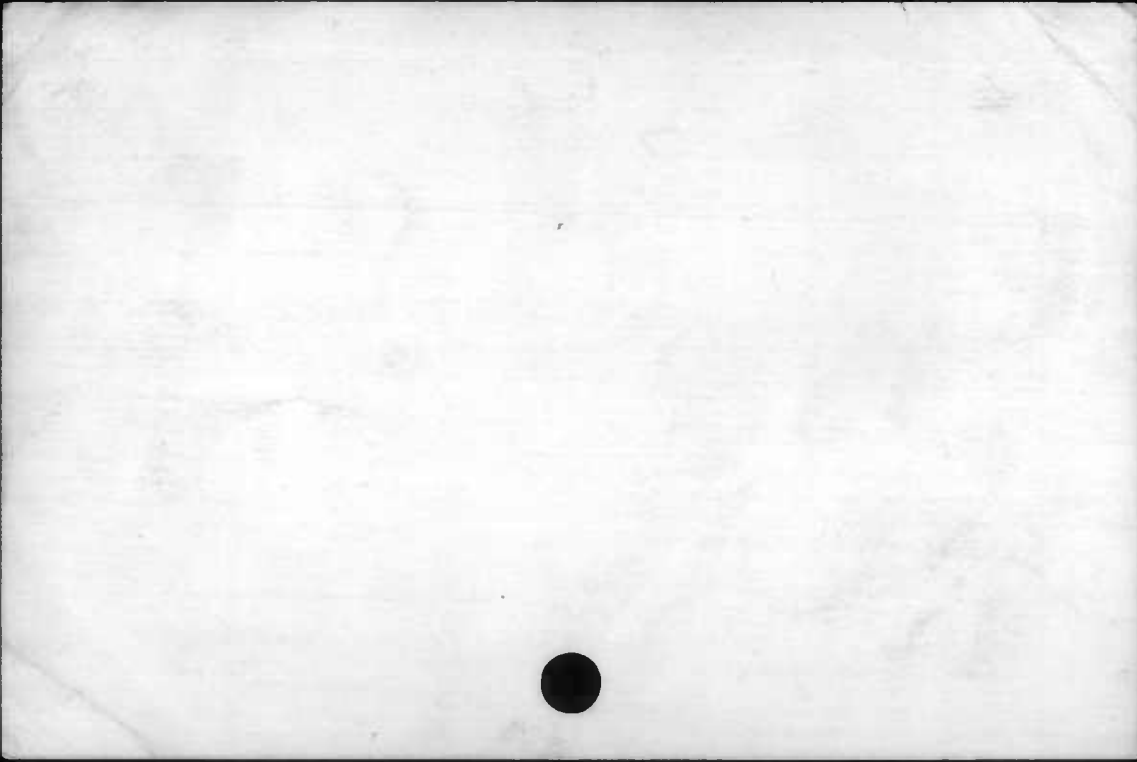
Died at <u>Chester</u> <small>Town</small>		<u>Goodland</u> <small>County</small>		<u>Queen Anne's</u> <small>MARYLAND</small>	
Date of death	<u>1909</u> <small>Month</small>	<u>July</u> <small>Day</small>	Age <u>0</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>9</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chester Md.</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>" "</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Chas L. Goodland</u>	Father's Birthplace <u>Kent Id. Md.</u>				
Mother's Maiden Name <u>Rosa Backus</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>H. B. Legg</u>	How related to deceased <u>No</u>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	How long <u>3 days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas Kemp</u>
	Address <u>Stevensville, Md.</u>
Accident or Suicide	



Name
in
Full

Martha Augusta Hadrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

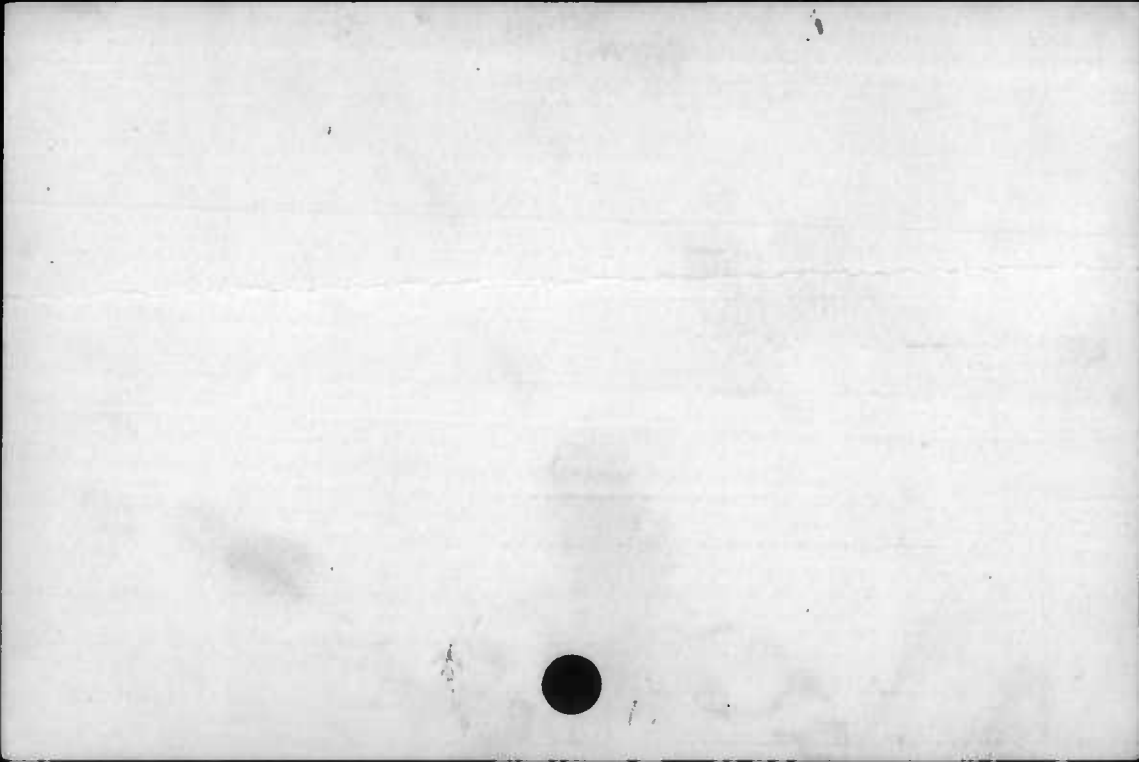
Died at <u>Queenstown</u>		County <u>Queen Anne</u>		MARYLAND	
Date of death	1909	Month <u>Fifth</u>	Day <u>15</u>	Age <u>29</u>	Months <u>4</u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>col</u>		Birth-place <u>D. A. Co. Md.</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>at home</u>			
Married, <u>Yes</u> or Widowed		Husband <u>John T. Hadrick</u>			
Father's Name <u>Isaac Downs</u>		Father's Birthplace <u>D. A. Co. Md.</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Thos. Hadrick</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 years</u>
Immediate <u>Gen. Anemia</u>	How long <u>Six weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. W. Chaires</u>
	Address <u>Queenstown, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *E. E. Tiffard Harris* ^{town} *Stevensville* ^{County} *2A* **MARYLAND**

Died at *Stevensville* *2A*

Date of death 190 *9* ^{Month} *May* ^{Day} *27* Age *18* ^{Years} *0* ^{Months} *10* ^{Days}

Sex *Male* Color or Race *Colour* Birth-place *Kent Island*

Occupation *Cystrman* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Geo Wright* Father's Birthplace *Kent Island*

Mother's Maiden Name *Ida Harris* Mother's Birthplace

Name of person giving Information *Ida Lee* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

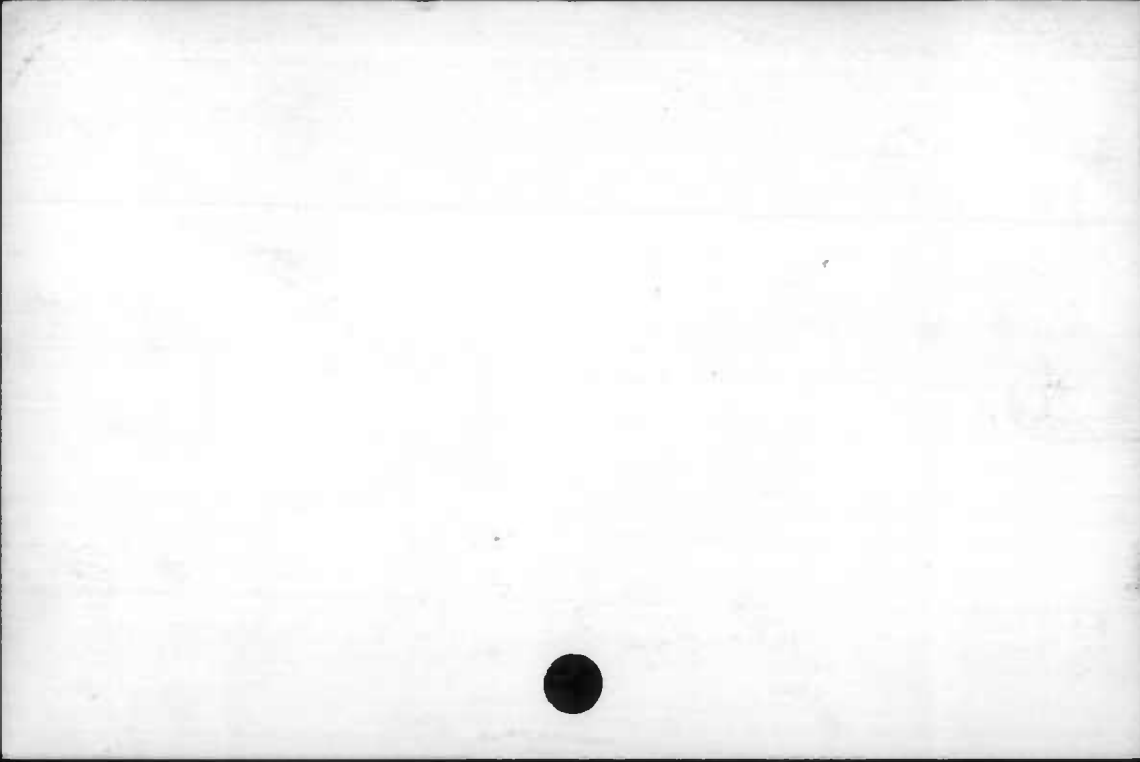
Primary *Fell overboard from Boat* How long *177*

Immediate *Drowned* How long *At once*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *P. A. Tison* Address *Coroner*

Accident or Suicide



Name
in
Full

Lillian Theo Hazelton

CERTIFICATE OF DEATH

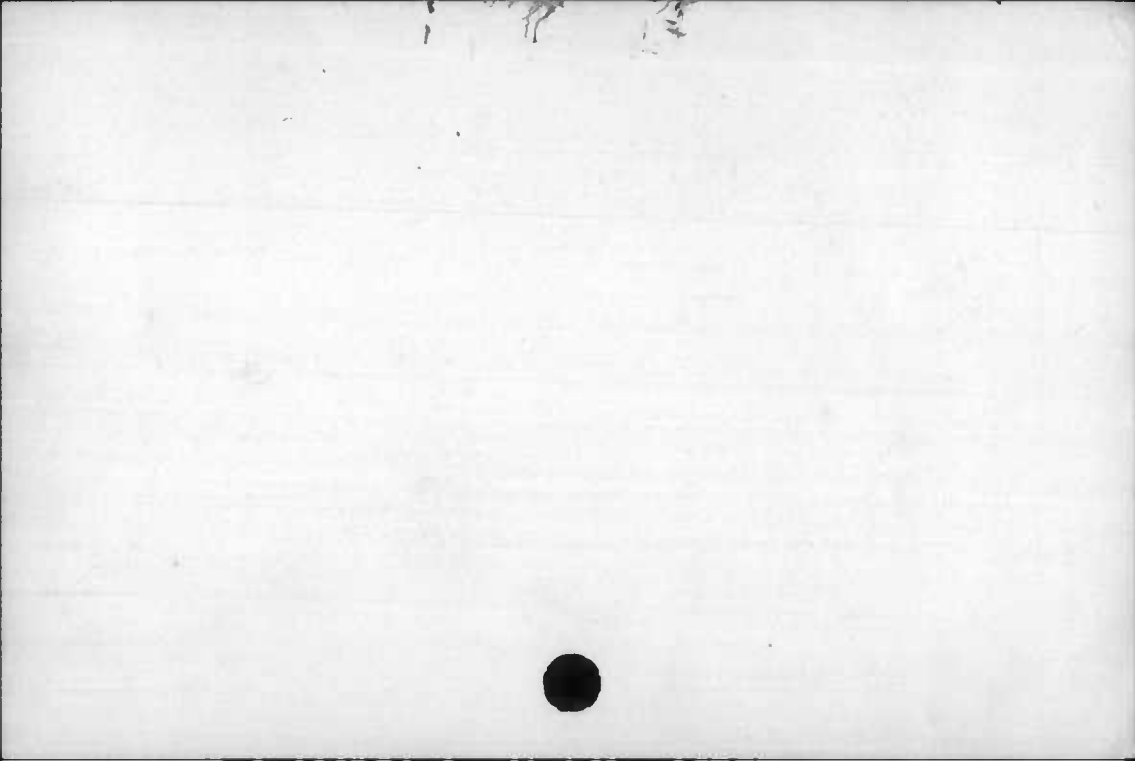
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Scott Town</u> ^{Town}		<u>Queenanne</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>1</u>	Age <u> </u>	Years <u> </u>	Months <u> </u> / Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Callard</u>		Birth-place <u>Scott Town</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married Single or Widowed		Name of Wife or Husband <u>non</u>			
Father's Name <u>Robt H Hazelton</u>			Father's Birthplace <u>Scott Town</u>		
Mother's Maiden Name <u>Carrie C Cooper</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Rachel T Cooper</u>			How related to deceased <u>grand mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>179</u>
Immediate <u>gaw fits</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas O Coursey</u>
	Address <u>Coroner</u>
	<u>Fords Store Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Salie Ann Hazelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

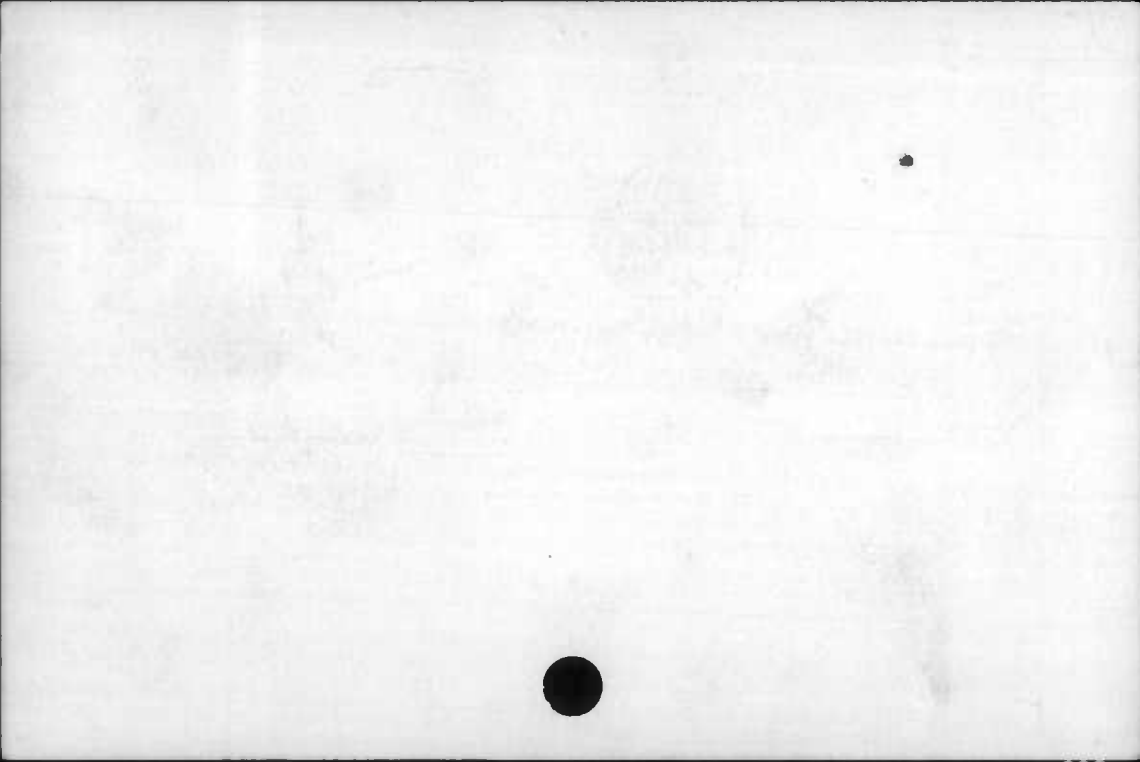
Died at <i>near Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1909	Month	5	Day	17	Age	not known
Sex	Female		Color or Race	Negro		Birth-place	not known
Occupation	Servant		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Isabel Hazelton</i>				
Father's Name	Subject being a slave				Father's Birthplace		
Mother's Maiden Name	there is no positive family history				Mother's Birthplace		
Name of person giving information	Ada Scott				How related to deceased <i>Grand Daughter</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. F. Smith</i>	
yes		Address <i>Centerville Md.</i>	
Accident or Suicide?			



Name
in
Full

Emory Homer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

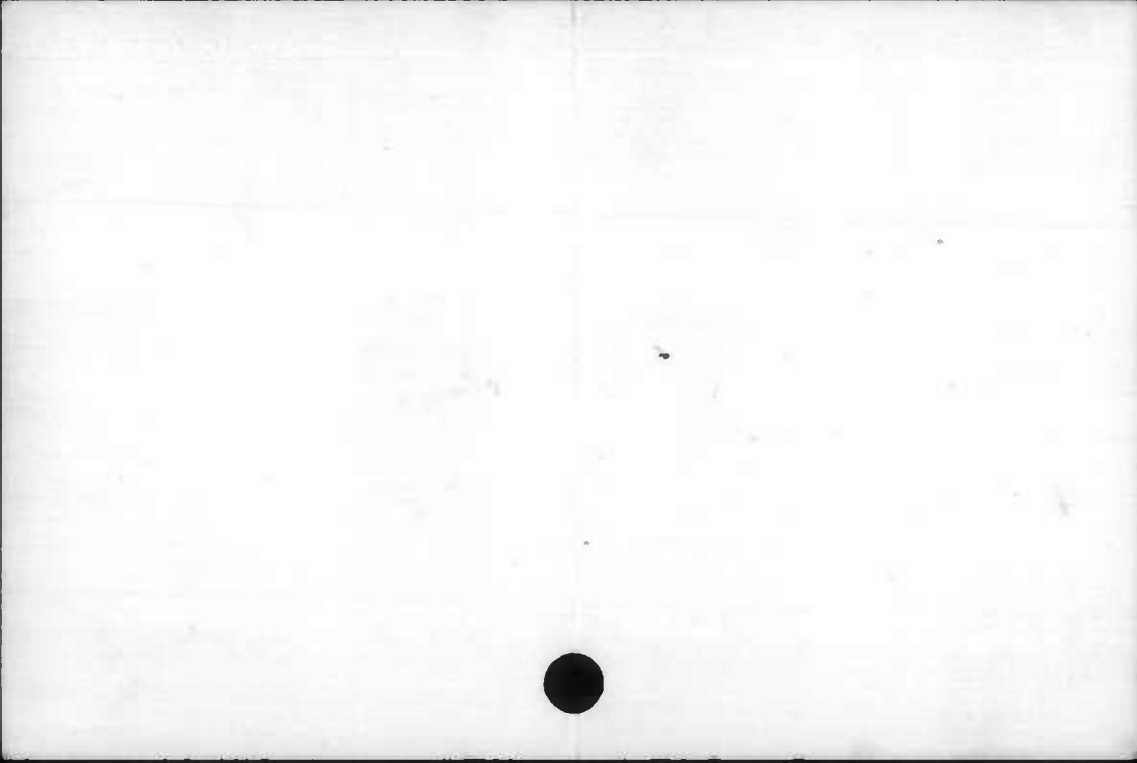
Died <i>near Queenstown</i>		County <i>P. Co.</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>May</i>	Day <i>23</i>	Age <i>65</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>P. Co., Md.</i>		
Occupation <i>Invalide</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Don't know</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Names of person giving Information <i>Laura Ford</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Paralysis of apoplexy</i>	How long <i>Six hours</i>
Immediate <i>Paralysis of heart</i>	How long <i>About a minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Ford</i>
	Address <i>Queenstown Md.</i>
Accident or Suicide <i></i>	



Name
in
Full

Robert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	19	Age 62			
Sex	Male	Color or Race	Negro	Birth-place	246. 2nd		
Occupation	Laborer			Where Residing if not at place of death	C. Home		
Married, Single or Widowed	no			Name of Wife or Husband	—		
Father's Name	Sam Johnson				Father's Birthplace	—	
Mother's Maiden Name	Sarah Brown				Mother's Birthplace	—	
Name of person giving information	Wm Lester				How related to deceased	120	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease		How long	1 year
Immediate	no		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. H. Holton M.D.
			Address	Centerville Md.
Accident or Suicide?	no			

Name
in
Full

William Lindsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

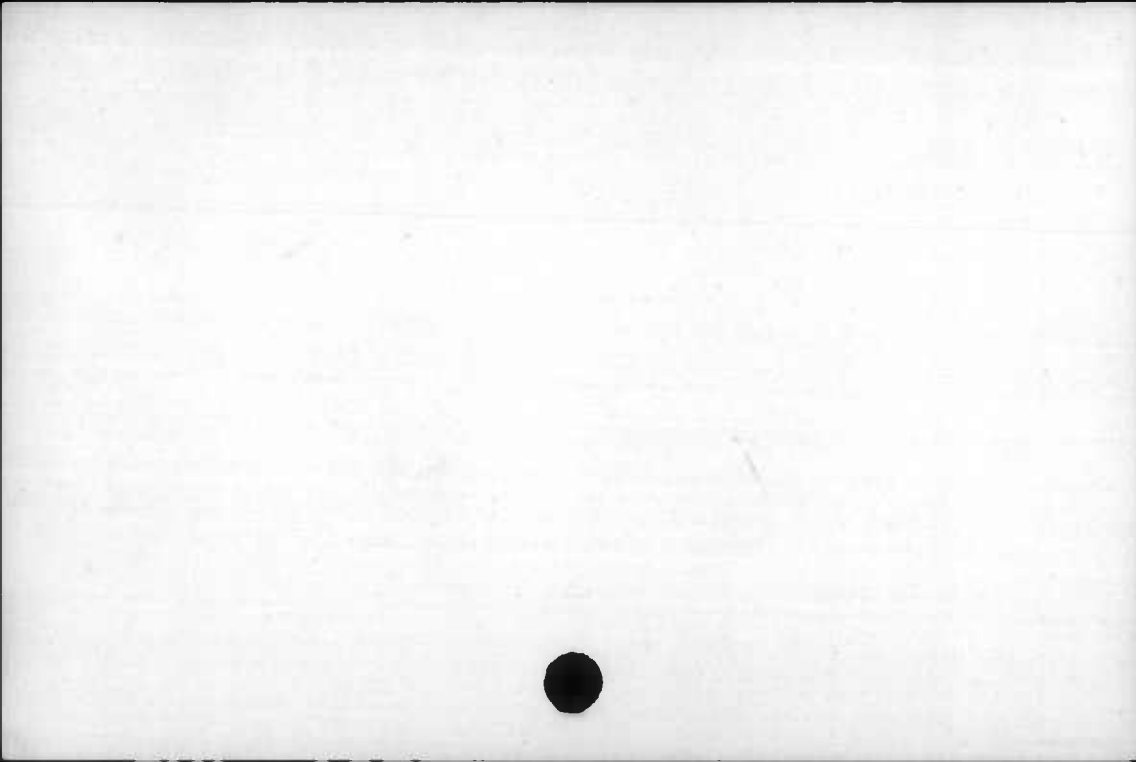
Died at <i>County Home</i>		Town <i>Home</i>		County <i>St. James</i>		MARYLAND	
Date of death	1909	Month	May	Day	12	Years	Age 87
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Unknown</i>		Months <i>"</i> Days <i>"</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>2. A Co on</i>					
Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband <i>no</i>					
Father's Name <i>No history</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace					
Name of person giving information <i>J. M. Jester</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age & natural decay</i>	How long <i>—</i>
Immediate <i>no</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Holston M D</i>
	Address <i>Centerville 2 A Co M D</i>
Accident or Suicide?	



Name
in
Full

Mrs Emily Ann Meeds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Queen Anne</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1909 May</i>		Month <i>May</i>	Day <i>21</i>	Age <i>67</i>	Years <i>67</i>	Months <i>2</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>L. C. Ind.</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Meeds.</i>					
Father's Name <i>Saml Crossley</i>		Father's Birthplace <i>L. C. Ind.</i>					
Mother's Maiden Name <i>Margaret Prouton</i>		Mother's Birthplace <i>Talbot Co Ind.</i>					
Name of person giving information <i>Mrs. Frank R. McWhorter</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis - Mitral Regurgitation</i>	How long <i>12 months.</i>
Immediate <i>Dropsy and Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Coppage</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>Ind.</i>	



Name
in
Full

Child not named Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ingleside</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death	1909	Month	5 th	Day	15
Age		Years	Months	Days	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Queen Anne's Co.</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James Reid</u>	Father's Birthplace <u>Del.</u>			
Mother's Maiden Name	<u>Alberta Phillips</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving Information	<u>James Reid</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth -</u>	How long	
Immediate	<u>Starvation and Exhaustion</u>	How long	<u>Four days.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. W. Brown M.D.</u>
Yes		Address	<u>Ingleside Md.</u>
Accident or Suicide			
<u>No.</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

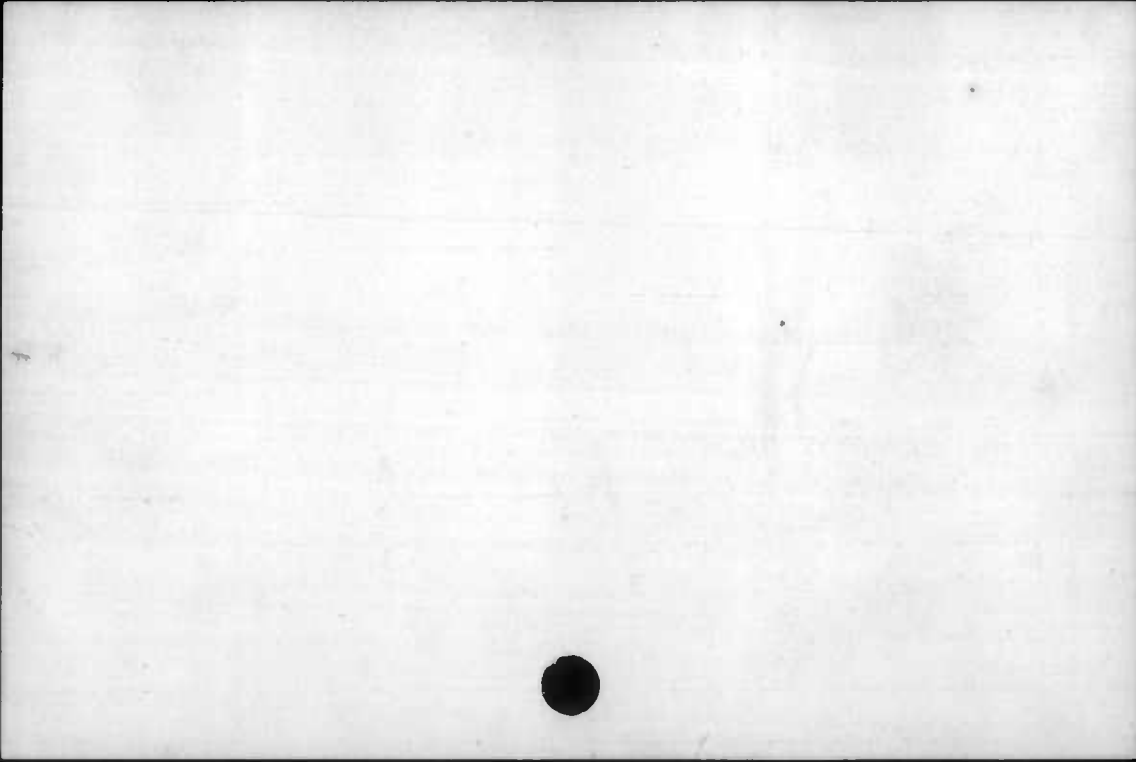
General B. Rochester		Dunn		Annis	
Died at <i>Tilghmans Station</i>		Town		County	
MARYLAND					
Date of death	1909	Month	May	Day	7th
Age		39		Years	
Sex		Male		Color or Race	colored
Occupation		Farmer		Birth-place	Sykeside Md
Where Residing if not at place of death		Tilghmans Station			
Married, Single or Widowed	Married	Name of Wife or Husband		Sallie E. Rochester	
Father's Name	Arthur Rochester		Father's Birthplace	2. A. Co. Md	
Mother's Maiden Name	Mahala Hackitt		Mother's Birthplace	Barclay Md	
Name of person giving information	Harriet E. Rochester		How related to deceased	Sister	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	4 weeks
Immediate	Exhaustion	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. S. Deady	
Address		Church Hill	
Accident or Suicide?		No	



Name
in
Full

Hiram Goodhand Tarbullon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

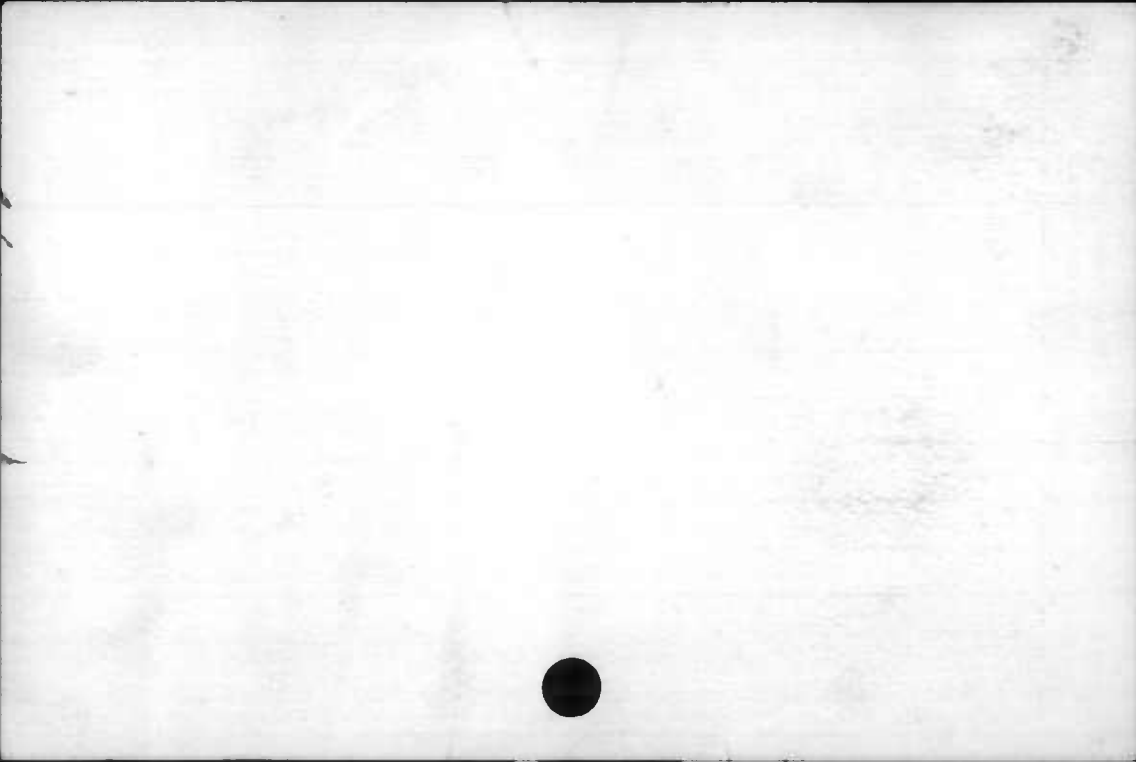
Died at <i>Crumpton</i>		Town		<i>Queen Anne</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>14th</i>		Age <i>52</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Queen Anne Co. Md.</i>		Months <i>2</i>		Days <i>22</i>	
Occupation <i>Farmer</i>				Where Reiding if not at place of dath <i>Crumpton, Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary L. Tarbullon</i>							
Father's Name <i>Samuel A. Tarbullon</i>				Father's Birthplace <i>Queen Anne Co. Md.</i>					
Mother's Maiden Name <i>Sarah E. Goodhand</i>				Mother's Birthplace <i>Queen Anne Co. Md.</i>					
Name of person giving Information <i>Mary L. Tarbullon</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial Regurgitation</i>		How long <i>Several years</i>	
Immediate <i>Cardiac Failure</i>		How long <i>Five days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Arthur E. Landers M.D.</i>	
		Address <i>Crumpton Md.</i>	
Accident or Suicide <input type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wesley R. Townsend

Town Millington County Queen Anne's

Died at

DATE of death 1909 Month 3 Day 10 Age 17 Years 11 Months Days

Sex Male Color or Race White Birth-place Md

Occupation Runaway boy Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name James A. Townsend Father's Birthplace Md

Mother's Maiden Name Levina Day Mother's Birthplace Pa

Name of person giving Information Geo. C. Townsend How related to deceased Uncle

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long about 10 months

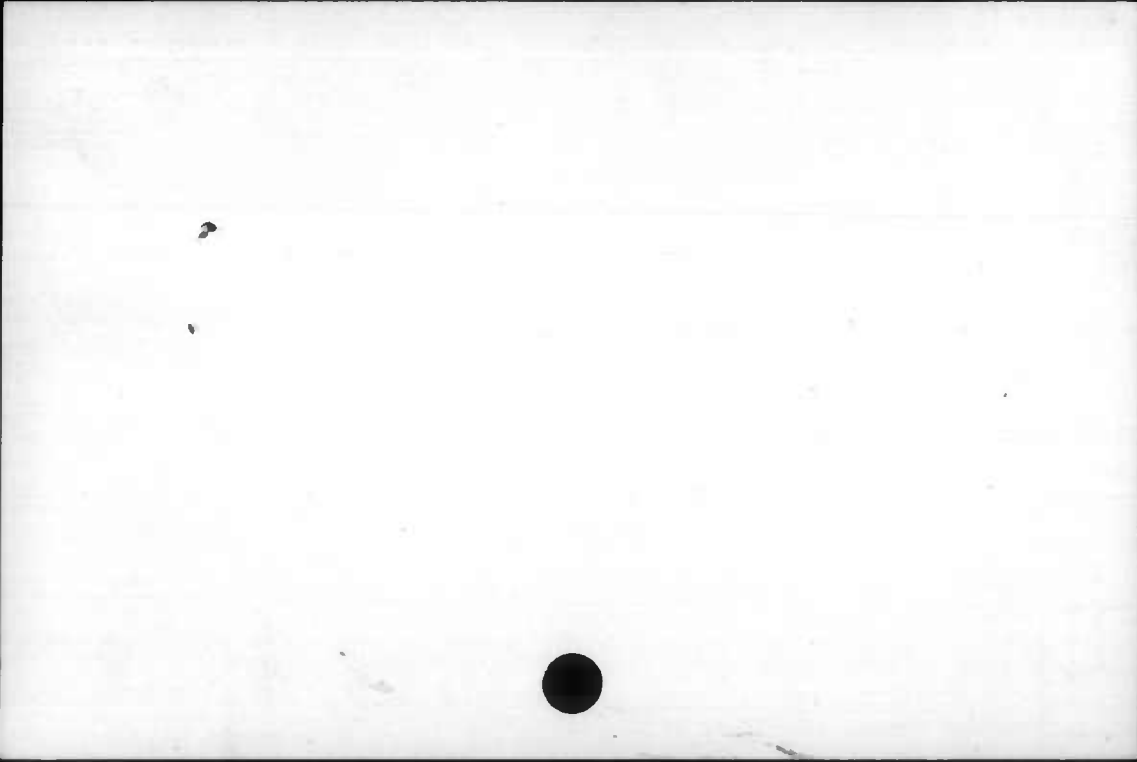
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. W. H. Jacobs

Address Millington Maryland

Accident or Suicide



Name
in
Full

Rebecca Trusty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

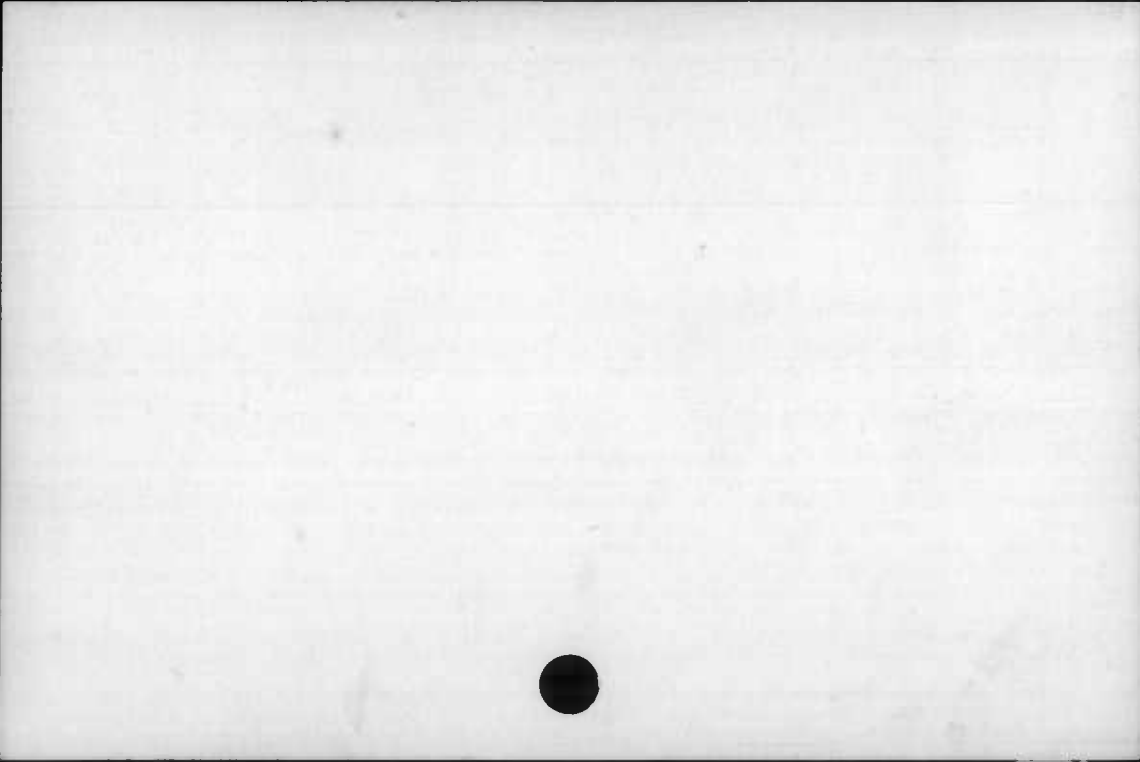
Died at		Centerville		Ga Co		MARYLAND	
Date of death 1909	Month	Day	Age	Years	Months	Days	
	May	1 st	75				
Sex	Female		Color or Race	African		Birth-place	Ga Co Ind.
Married, Single or Widowed			Occupation	None			
Name of Wife or Husband	Wm Trusty						
Father's Name	Abram Price				Father's Birthplace	Don't know	
Mother's Maiden Name	Don't know				Mother's Birthplace	" "	
Name of person giving information	Chas Trusty				How related to deceased	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Many years
Immediate	Exhaustion	How long	a year or two
Are the name, age, sex, color, date and place correctly given above?	I think so		
Signature of Physician	Jas B. Borchers M.D.		
Address	Centerville Ind.		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Edwin B Hall* County *Suena Arnes Co*

Died at *Church Hill* Maryland

Date of death *1909* Month *May* Day *30* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Suena Arnes Co*

Occupation *Retired Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary J. Hall*

Father's Name *Henry Hall* Father's Birthplace *W. Va*

Mother's Maiden Name *Mary Brown* Mother's Birthplace *W. Va*

Name of person giving Information *Harry E. Hall* How related to deceased *Son*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

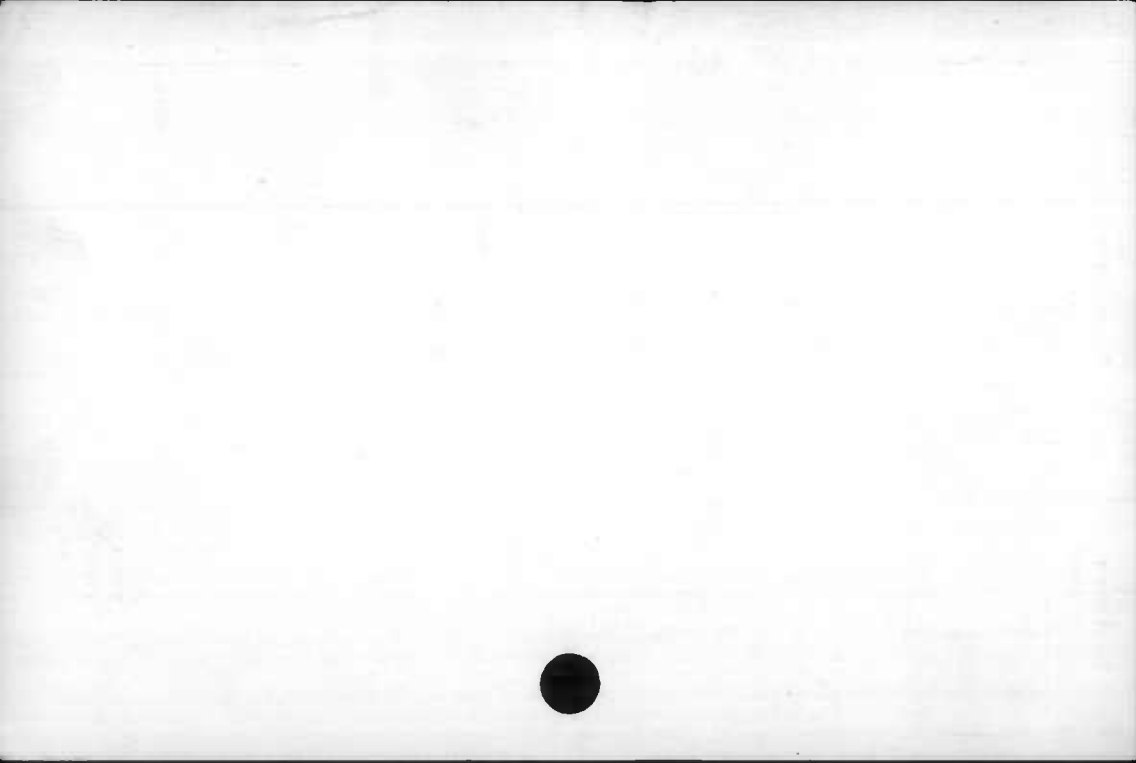
Primary *Coronary All Block to Right Heart* How long

Immediate *exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Duddy* Address *Church Hill*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>5</i>	Day <i>8</i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Spanish Neck</i>				
Occupation <i>Cook</i>	Where Residing if not at place of death <i>- - -</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Wilson</i>						
Father's Name <i>Sam Kilson</i>	Father's Birthplace <i>Spanish Neck</i>						
Mother's Maiden Name <i>Shirley Ross</i>	Mother's Birthplace <i>Carville</i>						
Name of person giving information <i>Samuel Kilson</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary <i>Punctured wound from splinter</i>	How long <i>2 months</i>
Immediate <i>Septicemia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centerville</i>
	<i>Md.</i>
Accident or Suicide?	

